

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 22 1933

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

12914

1. PLACE OF DEATH

County Gasconade
Township ROARK
City _____ (No. _____)

Registration District No. 303
Primary Registration District No. 5420

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME

CHRISTIAN WEBER

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CAROLINE WEBER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. About 80

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY13. NAME PETER WEBER14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY15. MAIDEN NAME KATHERINE JUNGBLUT16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY17. INFORMANT EVERETT PUCHTA (ADDRESS) STERNANN MO18. BURIAL, CREMATION, OR REMOVAL Co Farm. Cem DATE 4/6/33 1919. UNDERTAKER Her go Blum (ADDRESS) St. Louis Mo20. FILED H-6 1933 Anna K. Rickhoff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1933 to Apr 5 1933
I last saw him alive on Apr 3 1933 Death is said to have occurred on the date stated above, at 330 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset 3/30/33
108 108

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. H. Cantrick M. D.
(Address) St. Louis Mo

